

*Kansas College of Chinese Medicine
Application for Admission
CONTINUING EDUCATION ONLY*

COURSE APPLYING FOR: _____
 ANTICIPATED START DATE: _____

KANSAS COLLEGE OF CHINESE MEDICINE: APPLICATION FOR ADMISSION

Last Name	First Name	M.I.	
Social Security#	Date of Birth	** Female/Male	
Current Address	City	State	Zip
Permanent Address (if different than above)	City	State	Zip

Home Phone #	Work Phone #	Additional Phone #	Email Address
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** Ethnic status: (please check one)

<input type="checkbox"/> Asian, Pac. Isl. Or Indian Sub-Continent	<input type="checkbox"/> American Indian or Alaskan Native
<input type="checkbox"/> Black, Non-Hispanic	<input type="checkbox"/> White, Non-Hispanic
<input type="checkbox"/> Hispanic	<input type="checkbox"/> Other: (please specify) _____

** Are you a United States citizen? Yes No, if no, specify:

1. ** Country of birth _____
2. ** Country of citizenship _____
3. ** If you are a permanent resident please include a front and back copy of your green card.
4. ** Is English your second language? (Yes/No) _____
5. Please list the languages in which you are proficient: _____
6. Have you taken the TOEFL? (Yes/No) _____ Score: _____
7. Have you ever been convicted of a felony? (Yes/No) _____

If yes, please explain _____

**** Optional** This college does not discriminate in admission practices on the basis of race, sex, color, religion, age, marital status, national or ethnic background.**

HIGHER EDUCATION

Name of College or Univ.	Dates Attended	Degree	Grade Point Average
1.			
2.			
3.			

HEALTH RELATED CERTIFICATION (S)

Institution	Dates Attended	Certificates/Licenses
1.		
2.		

Emergency Contact

Please list a personal contact in case of emergency:

Name of Emergency Contact	How Related? (if applicable)	Phone Number
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GENERAL

Subjects of Special Study or Research Work
Special Training

Employment History

Please List your Last Three Employers starting with the most recent:

1. _____

Employer	Start Date	End Date
Address	City	State
Job Title	Job Description	Phone #

I certify that the facts contained in this application and accompanying documents are true and complete to the best of my knowledge and understand that, if accepted, falsified statements shall be grounds for dismissal.

I authorize investigation of all statements contained herein and the references and employers listed to give you any and all information concerning my previous employment or schooling including pertinent information they may have, personal or otherwise and release the company from all liability for any damage that may result from utilization of such information.

Signature _____ **Date** _____